Name in Full: Fannie Alexander

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Farmington — County: Cecil

Date of death 1904: Month: April — Day: 24 — Age: Years: 20. — Months: 9 — Days:

Sex: Female — Color or Race: Black — Birthplace: Pennsylvania

Occupation: Seamstress — Where Residing if not at place of death: Farmington

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~:

Father's Name: Stephen J. Alexander — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Elmira Gordon — Mother's Birthplace: Rock Run Md.

Name of person giving information: Stephen J. Alexander — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phisis — How long: X

Immediate: Inanition — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. F. Brown

Address: Port Deposit Md.

Accident or Suicide?

LIBRARY BUREAU A30316

Name in Full: Nathaniel Swart Bishop

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Port Deposit — County: Cecil

Date of death 1904: Month: April — Day: 13 — Years: 18 — Months: 2 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Worcester, Mass

~~Married~~, Single or ~~Widowed~~ — Occupation: Student

Name of Wife or Husband:

Father's Name: John W. Bishop — Father's Birthplace: Prince Edward Island

Mother's Maiden Name: Sarah A. Foster — Mother's Birthplace: Holden, Mass

Name of person giving information: John W. Bishop — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Five weeks

Immediate: Cardio-vascular collapse — How long: Five minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Bradford Briggs

Address: Tome Institute

Port Deposit, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Ruth Amelia Boddy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rowlandsville; County: Cecil

Date of death 1904: Month: 4; Day: 1; Age: Years: 13; Months: ; Days:

Sex: Female; Color or Race: Colored; Birthplace: Rowlandsville

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Allison; Father's Birthplace: Conowingo

Mother's Maiden Name: Mary J. Boddy; Mother's Birthplace: Rowlandsville

Name of person giving information: Lemuel Rice; How related to deceased: Cousin.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long:

Immediate: Consumption — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Slater B. Lord M.D.

Address: 714 6

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Richard M Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Port Deposit — County: Cecil

Date of death 1904 — Month: 4 — Day: 3 — Age — Years: 75 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Pa

Married, Single or Widowed: Married — Occupation: Carpenter

Name of Wife or Husband: Rachel E Brown

Father's Name: Joseph R Brown — Father's Birthplace: —

Mother's Maiden Name: ~~Mary~~ Caroline Moore — Mother's Birthplace: —

Name of person giving information: Joseph Brown — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 1 year

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. H. Fisher

Address: Port Deposit, Md

Accident or Suicide? No

LIBRARY BUREAU A66616

6th Dist.

CERTIFICATE OF DEATH

MARYLAND

Name in Full Walter R Buffington

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rising Sun — County: Cecil

Date of death 1904 — Month: April — Day: 2 — Age: Years 31, Months —, Days 7

Sex: Male — Color or Race: White — Birthplace: Chester Co Pa

Occupation: Merchant — Where Residing if not at place of death: at Rising Sun Md

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah A Buffington

Father's Name: Edwin R Buffington — Father's Birthplace: Chester Co Pa

Mother's Maiden Name: Hannah Pyle — Mother's Birthplace: " " "

Name of person giving information: Albert Buffington — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease, Abs Lungs — How long: 15 months

Immediate: Exhaustion. Pleuritic effusion — How long: 6 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. S. Dare M.D.

Address: Rising Sun, Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cokesbury — County: Cecil

Date of death: Month: April — Day: 20

Age: Years: — Months: — Days: 2

Sex: Male — Color or Race: Colored — Birthplace: Cokesbury

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Georgia Clark — Mother's Birthplace:

Name of person giving Information: James Clark — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Eclampsia — How long:

Immediate: Progressive Cardiac Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. L. G. Taylor —

Address: note to Health Officer —

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: James H Clarke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cokesbury — County: Cecil

Date of death — Month: 4 — Day: 29 — 1904

Age — Years: One — Months: 8 — Days: 2

Sex: Male

Color or Race: Col

Birthplace: Portdeposit

Occupation: — — —

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Jno Clarke

Father's Birthplace: Cokesbury

Mother's Maiden Name: Mary Bell

Mother's Birthplace: Portdeposit

Name of person giving information:

How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Four weeks

Immediate: Inanition — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H E Brown M.D.

Address: Principio

Accident or Suicide?

LIBRARY BUREAU A888 18

Name in Full: Mary E Cole — 3 dist

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Pleasant Hill — County: Cecil

Date of death 1904 — Month: 4 — Day: 1 — Age: 60 — Months: — — Days: —

Sex: Female — Color or Race: white — Birthplace: Pa

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Husband: James. T. Cole

Father's Name: Alex Drennen — Father's Birthplace: Pa

Mother's Maiden Name: Rachel M McConnell — Mother's Birthplace: Md

Name of person giving In formation: James. T. Cole — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: ~~3~~ 3 days

Immediate: Apoplexy — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: David Mackey

Address: Lewisville Pa.

Accident or Suicide?

LIBRARY BUREAU Add816

Name in Full: Annie Gr Corriden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockstown — County: Cecil

Date of death: Month: 4 — Day: 24 — Years: 34 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Domestic Wife — Where Residing if not at place of death:

Married, ~~Single or Widowed~~: Married — Name of ~~Wife~~ or Husband: Frank Corriden

Father's Name: John Grosz — Father's Birthplace: Del

Mother's Maiden Name: Charlotte Short — Mother's Birthplace: Md

Name of person giving Information: Mrs James Jones — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 2 wks

Immediate: Capillary Pneumonia — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Carlton Mitchell M.D.

Address: Elkton Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88618

Name in Full: Comiden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Elkton — County: Cecil

Date of death: Month: Apr. — Day: 19 — Years: Age — Months: — — Days: few hours

Sex: Male — Color or Race: White — Birthplace: 3rd Dist

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Frank Comiden — Father's Birthplace

Mother's Maiden Name: Annie M Gross — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition probably prematurity — How long: lived few hours —

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. A. Mitchell. jr

Address: H.B. Health Offices.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

William Thomas, Dawson.

Town

Died at Green Hurst

County

Cecil Co,

MARYLAND

Date ~~1903~~ 1904 Month April Day 12, Age Y. 70 M. 4 D. 2

Native of Maryland

Occupation Farmer

~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ ~~Single~~ Married ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 11

Husband of Wife Milcent D. Johnson

Father's Name John Dawson

Mother's Name Lane Galbreath.

Cause of Death { Primary Brights Disease

How long sick 1 Yr 20

Immediate La Grippe.

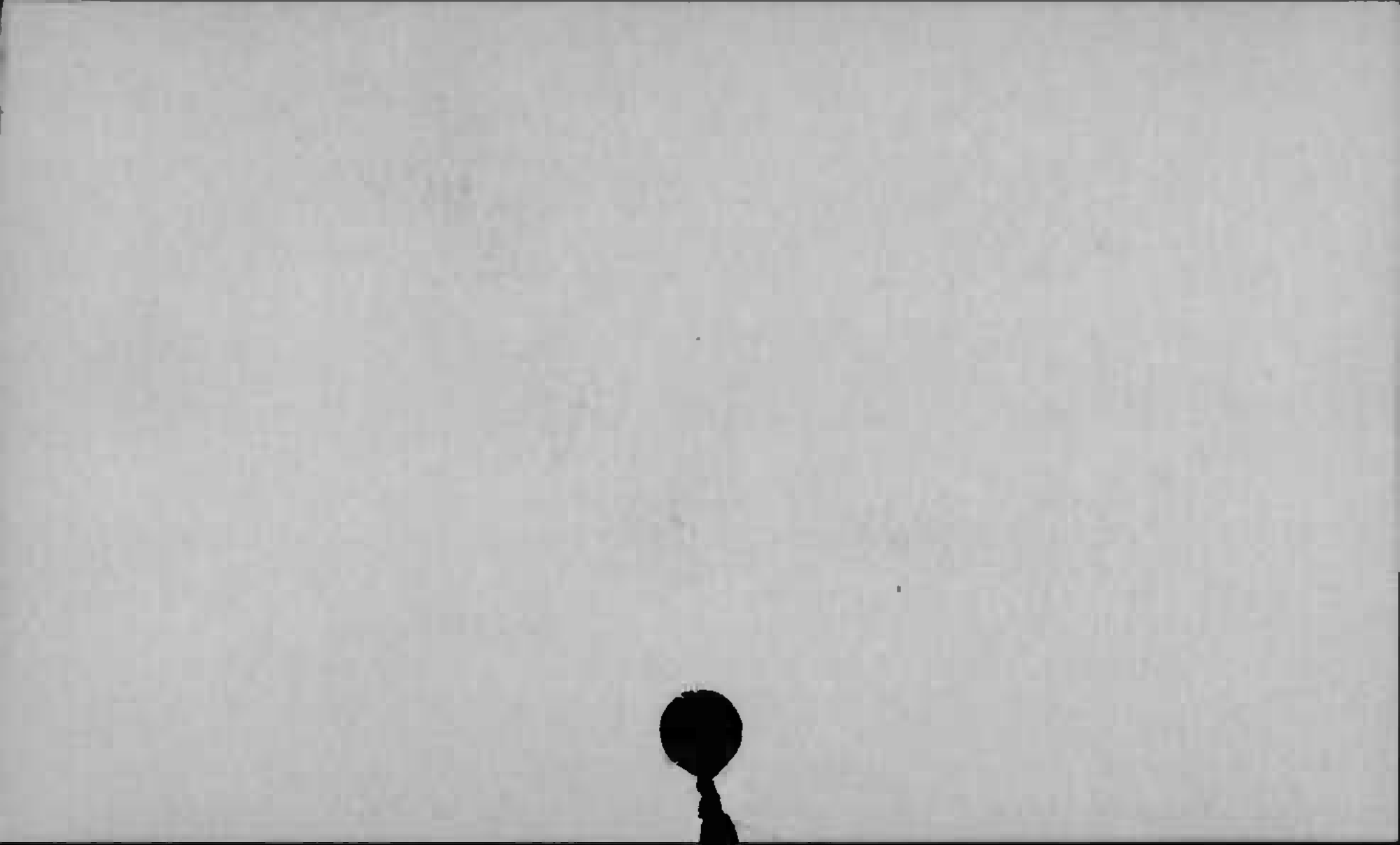
~~Accident, Suicide, Homicide~~

Reported by J. L. Brown M.D.

Address Port Deposit Md R.F.D. #1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full: Charles J. Drummond 3 dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marley mills County: Cecil

Date of death: Month: 4 Day: 17 1904 Years: 17 Months: 7 Days:

Sex: Male Color or Race: White Birthplace: Md.

Occupation: paper Maker Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Alexander Drummond Father's Birthplace: Md

Mother's Maiden Name: Rebecca J. Egnor Mother's Birthplace: Md

Name of person giving Information: Alexander Drummond How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signatura of Physician: B Heyser Lloyd

Address: Port Deposit

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Catarine Grocie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Cowentown; County:

Date of death: Month: 4; Day: 8; 1904

Age: Years: 58; Months: ; Days:

Sex: Femme

Color or Race: White

Birthplace: 4th. Dish

Occupation: Nurse

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~

Name of Wife or Husband: Wm Grocie

Father's Name: Beers

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza.

How long: Several weeks.

Immediate: Broncho. Pneumonia

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm Kollock

Address: Newark Del.

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full

Certificate of Death

Mary E. Hargan 4 dist

Town

County

Died at Bank cuit

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date	19 Dy	afr 2	Age 35		md.	Hampe

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widowed~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife X

Father's Name Christopher Hargan

Mother's Name Hannie Hargan

Cause of Death: Primary Phthisis pulmonalis — How long sick 3 yrs.

Immediate

~~Accident, Suicide, Homicide~~

Reported by Wm. L. Steel M.D.

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5968

Name in Full John A. Lucas

Certificate of Death

Died at Town Mechanic Valley County MARYLAND

Date 19 4 Month Apr Day 11 | Age Y. 70 M. D. | Native of Ger | Occupation Farmer

Male White Married W[illegible] D[illegible]

Female C[illegible] S[illegible] W[illegible]er Number of children living 3

Husband of Wife

Father's Name Broun

Mother's Maiden Name V[illegible]4

Cause of Death { Primary Apoplexy

immediate

How long sick 2 hours

Accident Case Sep. Homicide

Reported by B. Lucas

Address R. Exp

Must be signed by physician, if any in attendance, otherwise [illegible]roner, undertaker or minister.

LIBRARY BUREAU

Name in Full: William Isaac Stapleton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death 1904 — Month: 4 — Day: 19

Age — Years: 1 — Months: 1 — Days: 19

Sex: Male — Color or Race: Colored — Birthplace: Port Deposit

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: William Stapleton — Father's Birthplace: Port Deposit

Mother's Maiden Name: Margaret Stapleton — Mother's Birthplace: 4

Name of person giving information: Maggie Stapleton — How related to deceased: Grandmother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles — How long: 3 days

Immediate: Broncho-Pneumonia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. C. Donahoe

Address: Port Deposit Md

Accident or Suicide? No.

PHYSICIAN OR CORONER

LIBRARY BUREAU A88910

Name in Full: Thomas Delaney Hughes -

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death: Month: Apr. — Day: 4 — 1904

Age: Years: 16 — Months: — Days: 18

Sex: Male — Color or Race: Colored — Birthplace: 1st Dist

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Hughes — Father's Birthplace: 1st Dist

Mother's Maiden Name: Phoeb Walker — Mother's Birthplace: 1st Dist =

Name of person giving Information: Phoebe Hughes — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pulmonary Tuberculosis — How long: 4 Months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard Bratton

Address:

Accident or Suicide?

LIBRARY BUREAU A66B16

Name in Full: Jennie Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryville; County: Cecil

Date of death: Month: 4; Day: 12; Year: 1904

Age: Years: 30; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Harford Co Md

Occupation: Housekeeping

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Evans Jackson

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Husband

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis Lungs-

How long: 2 Yrs

Immediate:

How long:

PHYSICIAN OR CORONER

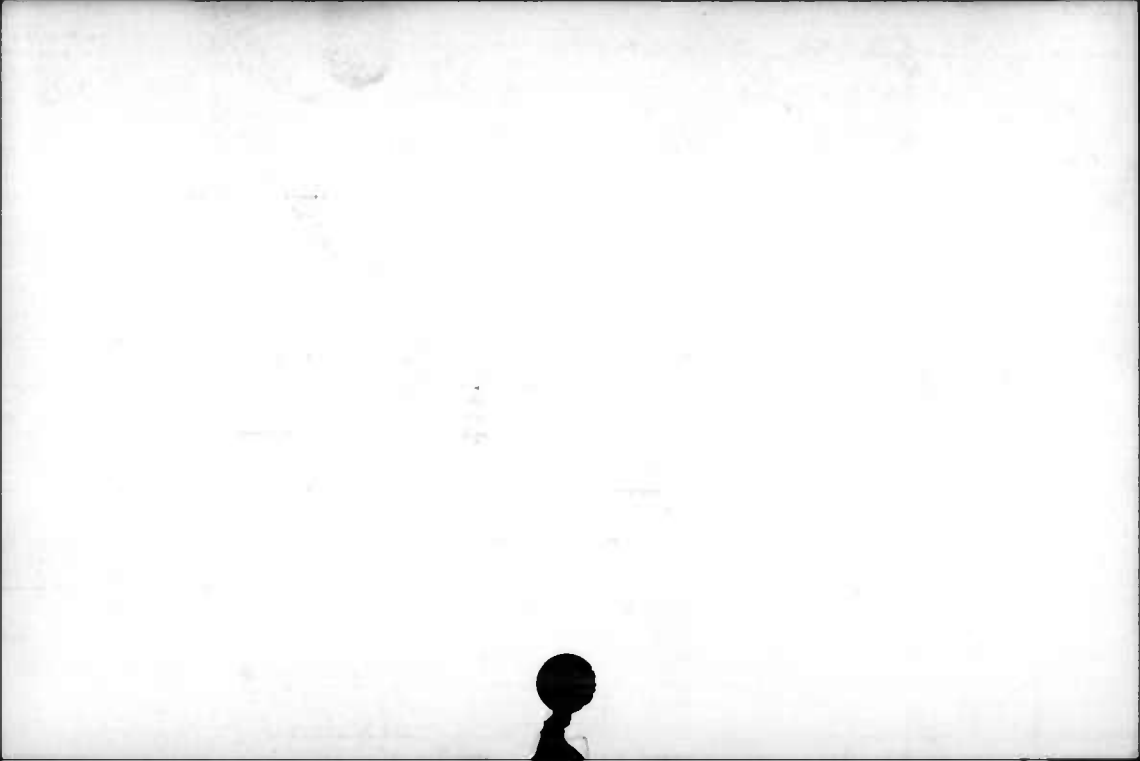
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. M. Stuart

Address: Perryville Maryland

Accident or Suicide?

LIBRARY BUREAU A99518



Name in Full: Clara Kelly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryville; County: Cecil

Date of death: Month: 1904 4; Day: 12; Age: Years 37; Months —; Days —

Sex: Female; Color or Race: White; Birthplace: Cecil Co

Occupation: Housekeeping; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Husband: Thomas Kelly

Father's Name: John McMullin; Father's Birthplace: Cecil Co

Mother's Maiden Name: Clara McMullin; Mother's Birthplace: Cecil Co

Name of person giving information: Thomas Kelly; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Oedema of Lungs; How long: 2 days

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. W. Stump

Address: Perryville Maryland

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Frank McDaniel

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Elkton (County) Cecil

Date of death: Month Apr Day 1 1904 Age: Years 35 ? Months Days

Sex: Male Color or Race: White Birthplace: Cecil Co.

Occupation: Ship Carpenter Where Residing if not at place of death: near Elkton

Married, Single or Widowed: Married Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Killed By Cars. How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above? yes

Accident or Suicide? Accident-

Signature of Physician: Wm. D. Cawley

Address: Elkton Md.

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Clarence Josh McVey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Zion — County: Cecil

Date of death 1904: Month: April — Day: Fri. 29 — Years: Age 29 — Months: 10 — Days:

Sex: male — Color or Race: white — Birthplace: near Zion

Occupation: Lawyer — Where Residing if not at place of death: X

Married, Single or Widowed: single — Name of Wife or Husband: X

Father's Name: George S. McVey — Father's Birthplace: near Zion.

Mother's Maiden Name: Samanthas Brown — Mother's Birthplace: near Rising Sun.

Name of person giving Information: George S. McVey. — How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 8 years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D H Gifford

Address: Zion Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: George H. Marden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rowlandville; County: Cecil

Date of death 1904: Month: April; Day: 27; Age: 5 Years 7 Months 27 Days

Sex: Male; Color or Race: White; Birthplace: Pikesville Md.

Married, Single or Widowed: Single; Occupation: none (Child)

Name of Wife or Husband:

Father's Name: George H. Marden; Father's Birthplace: New York. Ny

Mother's Maiden Name: Dina B. Brehm; Mother's Birthplace: Rowlandville

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro - Spinal Meningitis; How long: 2 weeks

Immediate: "Exhaustion"; How long:

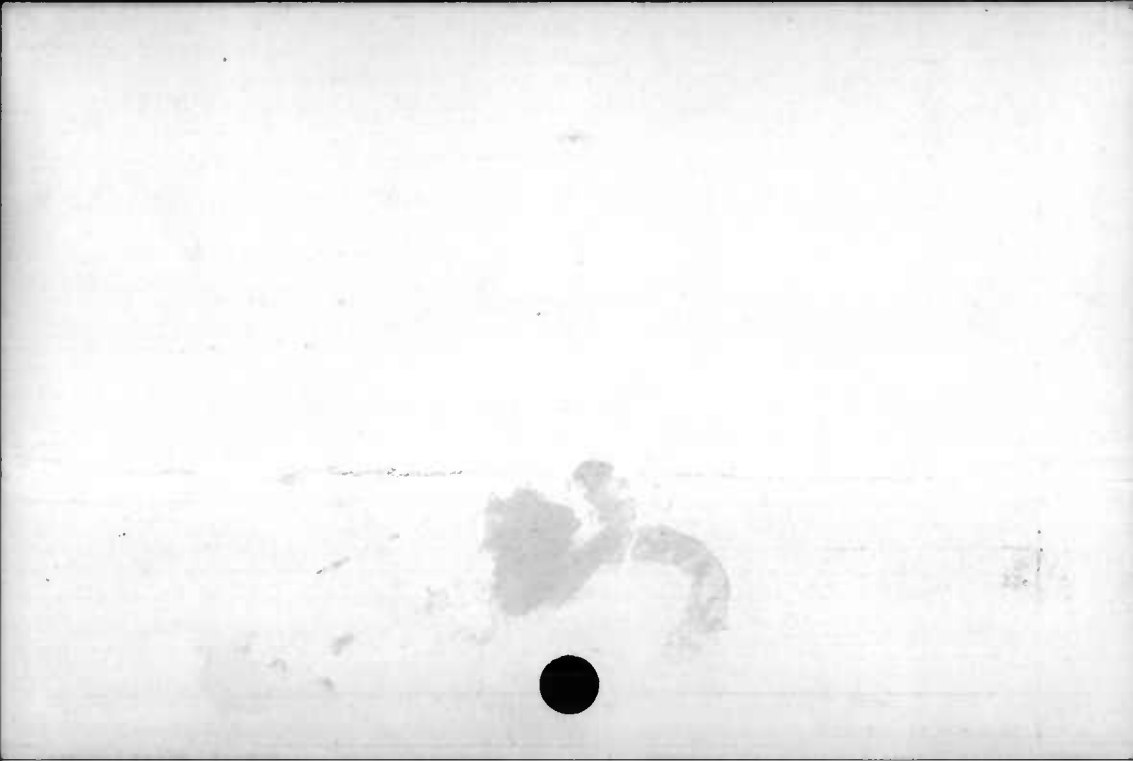
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E Rowland

Address: Liberty Groor Md

Accident or Suicide?

LIBRARY BUREAU AP3216



Name in Full

Robert Minker

Certificate of Death

Died at Town: Almshouse County: Cecil MARYLAND

Date 1904 Month: apr. Day: 13 | Age Y.: 79 M.: D.: | Native of: Maryland | Occupation:

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced | Number of children living

Husband of
Wife

Father's Name: William Minker

Mother's Maiden Name: Not Known

Cause of Death — Primary: Apoplexy — How long sick: 64

Immediate: Paralysis — Accident, Suicide, Homicide:

Reported by: Chas. H. Miller, M.D.

Address: North East, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70609

Name in Full: Philip Mullen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near Elkton — (County): Cecil

Date of death 1904	Month	Day	Years	Months	Days
	Apr.	4	Age	3	10

Sex: Male — Color or Race: White — Birthplace: 3-5 Dist

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Dennis Mullen — Father's Birthplace: Ireland

Mother's Maiden Name: Elizabeth M. C. Louth — Mother's Birthplace: Phila. Pa

Name of person giving Information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition — How long: 3 Mos

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard Bruce Mullen M.D

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Michael Patterson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkton; County: Cecil

Date of death 1904: Month: 4; Day: 29

Age: Years: 2; Months: 6; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or ~~Widowed~~; Name of ~~Wife~~ or Husband:

Father's Name: John Patterson; Father's Birthplace:

Mother's Maiden Name: Maria Logan; Mother's Birthplace:

Name of person giving Information: John Patterson; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible]

Immediate: Croup.; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Arthur Mitchell MD

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elizabeth Pennock 4 dish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Andora; County: Cecil

Date of death: 1904; Month: 4; Day: 25; Age: Years: 64; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: House work; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Joseph Pennock; Father's Birthplace: Md

Mother's Maiden Name: Phoebia A. Ferguson; Mother's Birthplace: Md

Name of person giving Information: Emma. Pennock; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 3 weeks

Immediate: Abscess of Lung; How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David Mackey

Address: Leesville Pa

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Louise L. Phillips

6th Dist.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rising Sun — County: Cecil

Date of death 1904: Month: April — Day: 16 — Years: Age 26 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Harford Co Md

Occupation: None — Where Residing if not at place of death: Rising Sun Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Ezra Phillips — Father's Birthplace: Bucks Co Pa

Mother's Maiden Name: Helen Little — Mother's Birthplace: Cecil Co Md

Name of person giving information: Walter Phillips — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Gastritis — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Shirey

Address: Rising Sun Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: George W Pryor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: North East — County: Cecil

Date of death: 1904 — Month: April — Day: 4 — Age: Years: — Months: — Days: 7 M

Sex: Male — Color or Race: White — Birthplace: North East

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name or Wife or Husband

Father's Name: Harry M Pryor — Father's Birthplace: West Amwell

Mother's Maiden Name: Mary E Jeams — Mother's Birthplace: North East

Name of person giving Information: Harry M Pryor — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsy — How long: 19

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B Baumgardner

Address: North East

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Rea

6th Dist

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Woodlawn — County: Cecil

Date of death: 1904 — Month: 4 — Day: 17 — Age: Years: 82 — Months: — — Days: —

Sex: Female — Color or Race: colored — Birthplace: New Orleans

Occupation: Housewife — Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Widow — ~~Name of Husband~~ Husband: David Rea

Father's Name: — Father's Birthplace: Wales

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Debility incident to old age — How long: Some years

Immediate: Heart Failure — How long: A few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Jones

Address: Rockingham Md

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Henry B. Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake City — County: Cecil

Date of death 1904: Month: April — Day: 12th

Age: Years: 80 — Months: 00 — Days: 00

Sex: Male — Color or Race: White — Birthplace: Chesapeake C

Occupation: Fisherman — Where Residing if not at place of death: Chesapeake City

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth

Father's Name: Isaac Robinson — Father's Birthplace: on Manor

Mother's Maiden Name: Sarah Wingate — Mother's Birthplace: Chesapeake

Name of person giving Information: Elizabeth Rambo — How related to deceased: Step Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease + Dropsy — How long: one year or more

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. E. Wallace M.D.

Address: Chesapeake City Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Mary Rockwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elk Neck; County: Cecil

Date of death	Month	Day	Years	Months	Days
1904	Apr	17	Age		

Sex: Female | Color or Race: White | Birthplace: Elk Neck

Occupation | Where Residing if not at place of death

Married, Single or Widowed: Single | Name of Wife or Husband

Father's Name: Philip R. Rockwell Sr. | Father's Birthplace: Elk Neck

Mother's Maiden Name: Alice Davis | Mother's Birthplace: Kent Co

Name of person giving information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still born | How long

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard Bratton M.D.

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Infant — Smithson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death: Month 4, Day 30, 1904 — Age: Years —, Months —, Days 1

Sex: Male — Color or Race: White — Birthplace: Port Deposit —

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Ramsey Smithson — Father's Birthplace: Cecil Co

Mother's Maiden Name: Mary Armstrong — Mother's Birthplace: " "

Name of person giving Information: Ramsey Smithson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions — How long: Died Suddenly

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. W. King

Address: Perryville Cecil Co —

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU AB8516

Name in Full: James C Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death 1904 — Month: 4 — Day: 25 — Years: Age 1 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Elkton

Occupation: — — — — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: James Clarence Thompson — Father's Birthplace:

Mother's Maiden Name: Clara Thomas — Mother's Birthplace:

Name of person giving Information: Clara Thomas — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles ? — How long:

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Anthony Hutchinson

Address: Elkton Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Edward R Trowbridge

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit — County: Cecil

Date of death: 1904 — Month: April — Day: 20 — Age: Years 76 — Months 8 — Days —

Sex: Male — Color or Race: White — Birthplace: Conn

Occupation: Quarryman — Where Residing If not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary J Trowbridge

Father's Name: Thomas Trowbridge — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Chas Trowbridge — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 year or more

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. G. Fisher

Address: Port Deposit, Md.

Accident or Suicide? No

LIBRARY BUREAU A86516

Name in Full: Mary J. Wyne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East — County: Cecil

Date of death: Month: April — Day: 30 — 1904

Age: Years: 95 — Months: 1 — Days:

Sex: Female — Color or Race: White — Birthplace: Penna

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Wm Wyne

Father's Name: James Murry — Father's Birthplace:

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving information: Catherine Alexander — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Senility — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos A Morrall

Address: North East Md

Accident or Suicide:

LIBRARY BUREAU A66816

Name in Full: Cora B. Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cecilton; County: Cecil

Date of death 1904: Month: H; Day: 19; Years: Age 20; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Servant; Where Residing if not at place of death: Cecilton Md

Married, Single or Widowed: married; Name of Wife or Husband: Chris Young

Father's Name: James Thompson; Father's Birthplace: Md

Mother's Maiden Name: Julia Moore; Mother's Birthplace: Md

Name of person giving In formation: Chris Young; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis- lungs; How long: one year

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N M. Jeter.

Address: Pass Apras. Md.

Accident or Suicide?

LIBRARY BUREAU A66016